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**FAX**

To:	Company	Fax #:	Telephone #:
1) Examiner C.M. Broussard	USPTO	571-273-2799	
2)			
3)			
4)			
5)			

INTERNATIONAL PHONE NUMBERS MUST INCLUDE COUNTRY & CITY CODE. SEE LOCAL WHITE PAGES FOR CODES NEEDED.

From: Thomas W. Cole	Date: June 17, 2005	No. of Pages: (including this page)	
<b>Comments:</b>  U.S. Serial No. 10/728,990  Inventor: Tae Seung OH			

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From: Thomas W. Cole	Date: June 17, 2005	No. of Pages: (including this page)	Client/Matter: 741196-25
User #: 8682	Ext: 8206	Disbursement Amount: \$	

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL FOR FY 2005</b>		(Indicate if Known)	
Application Number		10/728,990	
Filing Date		December 8, 2003	
First Named Inventor		Tae Seung OH	
Examiner Name		C.M. Broussard	
Art Unit		2835	
Attorney Docket No.		741196-25	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(S) 600.00		

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check  
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 Deposit Account Name: Nixon Peabody LLP
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 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
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**FEE CALCULATION**
**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
10	- 20 or HP =					

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
6	- 3 or HP =	3	100

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number)	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature	<i>Thomas W. Cole</i>	Registration No. 28,290 (Attorney/Agent)	Telephone 202-585-8000
Name (Print/Type)	Thomas W. Cole	Date	February 14, 2005

SEND TO: Commissioner for Patents  
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